



JACKSON SUMNER & ASSOCIATES
Excess & Specialty Lines Broker
www.jsausa.com

Effective Date:
Expiration Date:

Agent Name

Agent Email

EXCESS PROPERTY APPLICATION

Applicant Name: _____
Mailing Address: _____
Physical Address: _____

Agency Name: _____ Agent Name: _____
Agency Address: _____
Phone Number: _____ Fax Number: _____ Email Address: _____

Property Information:

Construction Type: _____ Sqft: _____
Year Built: _____ Protection Class: _____
Breakaway Walls: ☐ Yes ☐ No Storm Shutters: ☐ Yes ☐ No Type: _____
Distance to the Ocean/Bay/Gulf: _____
Number of Stories: _____ Basement: ☐ Yes ☐ No Enclosed: ☐ Yes ☐ No
Bankruptcy in the last 5 years: ☐ Yes ☐ No
Building Updates: Electrical _____ Plumbing _____ Roof _____ HVAC _____
Mortgage Name: _____ Loan Number: _____
Mortgage Address: _____

Residential Risks:

Primary Carrier on Policy: _____ Policy Number: _____
Effective Date: _____ Expiration Date: _____

Is excess coverage needed for wind only? ☐ Yes ☐ No
If No, what is the primary policy form? (i.e. HO3, HO4, DP1, etc.) _____
Occupancy: ☐ Primary ☐ Secondary ☐ Seasonal ☐ Rental

Total Dwelling Value: \$ _____ ☐ RC or ☐ ACV
Underlying Policy Limit on Dwelling: \$ _____
Excess Dwelling Limit Requested: \$ _____
Total Contents Value: \$ _____ ☐ RC or ☐ ACV
Underlying Policy Limit on Contents: \$ _____
Excess Contents Limit Requested: \$ _____

Excess Flood Cover age Section (if needed)

Primary Carrier on Flood Policy: _____ Policy Number: _____
Effective Date: _____ Expiration Date: _____
Flood Zone: _____ Base Flood Elevation: _____ First Floor Elevation: _____
Total Dwelling Value: \$ _____ ☐ RC or ☐ ACV
Underlying Policy Limit on Dwelling: \$ _____
Excess Dwelling Limit Requested: \$ _____
Total Contents Value: \$ _____ ☐ RC or ☐ ACV
Underlying Policy Limit on Contents: \$ _____
Excess Contents Limit Requested: \$ _____

Commercial Risks:

Primary Carrier on Policy: _____ Policy Number: _____

Effective Date: _____ Expiration Date: _____

Is excess coverage needed for wind only?

☐ Yes ☐ No

If No, what is the primary policy form? (i.e. Basic, Special, etc.) _____

Occupancy: _____

Total Building Value: \$ _____ ☐ RC or ☐ ACV

Underlying Policy Limit on Building: \$ _____

Excess Building Limit Requested: \$ _____Total BPP Value: \$ _____ ☐ RC or ☐ ACV

Underlying Policy Limit on BPP: \$ _____

Excess BPP Limit Requested: \$ _____

Excess Flood Coverage Section (if needed)

Primary Carrier on Flood Policy: _____ Policy Number: _____

Effective Date: _____ Expiration Date: _____

Flood Zone: _____ Base Flood Elevation: _____ First Floor Elevation: _____

Total Building Value: \$ _____ ☐ RC or ☐ ACV

Underlying Policy Limit on Building: \$ _____

Excess Building Limit Requested: \$ _____Total BPP Value: \$ _____ ☐ RC or ☐ ACV

Underlying Policy Limit on BPP: \$ _____

Excess BPP Limit Requested: \$ _____**Prior Losses:**

Date: _____ Amount Paid: \$ _____ Details: _____

Date: _____ Amount Paid: \$ _____ Details: _____

This application does not bind the applicant, nor the company, to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

Applicant's Signature: _____ **Date:** _____**Producer's Signature:** _____ **Date:** _____